BY SECURED STATE DEPARTMENT OF REALWHALL STATE STATE STATEMENT

CERTIFICATE OF DEATH

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In The State of State of the

BUREAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### 612

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH			2. USUAL RESIDENCE	E (HOME) OF DECEAS	SED
COUNTY Garre	tt	MARYLAND	stateMarylan	d county Gar	rmedt
OR and give neerest to	te fimits, write RURAL own)	LENGTH OF STAY	CITY (If outside corpora	te limits, write RURAL and give	nearest town)
X TOWN Rural		30 Yrs	TOWN Rural		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	ostburg R.D.	# 2	STREET ADDRESS	stburg R.D.	
3. NAME OF DECEASED	(First)	(Middle)	(Lest)	4. DATE (Month)	(Day) (Ye
(Type or Print)	Ivy Go:	ldie B:	ittner	DEATH Jan.	9 19
5. SEX 6. COLO RACE	WIDOWED.			AGE last birthday IF UN	DER TYEAR IF UNDE
F Whi		arried Jai	1. 4, 1895	6 I yrs.	
done during most of worl	king life, even If	OR INDUSTRY	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WE
retired) HOUSE  13. FATHER'S NAME	MITE	Home	Elk Garden,	W.V.	U. S.
John	Bucklew		Martha S		
15. WAS DECEASED EVER IN		16. SOCIAL SECURITY NO.	17. INFORMANT & AD		,
(Yas, no, or unk.) (W Yas, gi	ive wer or detes of service)	None	18:41	2 Harris	Fr. There
- 01074000 00 0010701	S DIRECTLY LEADING TO DEAT	18. MEDICAL C	ERTIFICATION	June 1	INTERVAL BET
		The man	TA		ONSET AND
450.0 IMMEDIATE CA	2112.70	in the little	11.		10000
ANTECEDENT CA	IF ANY, (B)	alleno	SCHLAST		139
GIVING RISE TO THE ABOV STATING UNDERLYING CAU	ISE LAST. DUE TO				7/
II OTHER SIGNIFICANT COND	(C)				/
TO THE DEATH BUT NOT REDISEASE OR CONDITION C	ELATED TO THE				
19a. DATE OF OPERATION	196. MAJOR FINDING	GS OF OPERATION			20. AUTOF
	IVING [7] 215 BLACE ILL	ome, ferm, fectory,	21c. WHERE DID INJURY OCCUR?	(Characteria)	YES N
21e. ACCIDENT WAS HARDED	OF DEATH OF INJURY street	one, rarm, rectory, it, office bldg., atc.)	THE WHILE DID INJUST OCCUR?	(City of town)	ounty) (Stel
216. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE ( (IF EITHER, NOTIFY MEDICAL E)		10. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?		
21e. ACCIDENT WAS UNDER OR CONTRIBUTING [] CAUSE (IF EITHER, NOTIFY MEDICAL E) 21d. TIME OF INJURY (Monit		Vhile Not while		1	
(IF EITHER, NOTIFY MEDICAL E)	V	Vhile Not while twork 1			
(IF EITHER, NOTIFY MEDICAL E)	M. d	t work et work	19 to 17	19 × 1, tha	t I last saw the de
21d. TIME OF INJURY (Mont	M. Wathat I attended the dec	t work et work ceased from	at M, from the car	uses and on the date st	ated above.
21d, TIME OF INJURY (Moni	M. Wathat I attended the dec	t work et work ceased from	at M, from the car		ated above.
21d. TIME OF INJURY (Monitor)  22d. 1 hereby certify alive on	that I attended the dealers, as	ceased from	at M, from the car ADDRI	uses and on the date st	DATE S
22. 1 hereby certify alive on	that I attended the decision, 19, at DATE/THEREOF	ceased from	OR CREMATORY	uses and on the date st EBB (Sireet, city, town, steet) LOCATION (City, town, or con	ated above.  DATE S  (inly)
22. 1 hereby certify alive on	that I attended the dealers, as	ceased from	OR CREMATORY	uses and on the date st ESS (Sirest, city, town, steen) LOCATION (City, town, or con Meyersdale I	DATE 8

CERTIFICATE OF DEATH

BUREAU V. S.

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ATTENDING PHYSICIA

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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#### CERTIFICATE OF DEATH

		No. 16	47
Reg.	Dist.	No.	

_1	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	county Garrett MARYLAND	STATE Maryland COUNTY Garret	tt
	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give neerest town) (in this place)	CITY (If outside corporete limits, write RURAL and give neeres	
	X Town Rural Grantsville, life	TOWN Rural Grantsville	4
-1	HOSPITAL OR	STREET (If rure) give location)	
	INSTITUTION OR STREET ADDRESS	ADDRESS	6
	3. NAME OF (First) (Middle) DECEASED	OF	Day) (Yeer)
	(Type of Print) ROBERT HAMPTON BI	UTLER DEATH Jan.	2 1956
- 1	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF RACE WIDOWED, DIVORCED,	F BIRTH 9, AGE lest birthday IF UNDER 1	
	Male White (Specify) Widowed Dec. 1	1. 1869 86 yrs. Months	Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY		CITIZEN OF WHAT
1	retired Farmer retired own farm	Garrett Co Md II	COUNTRY?
	13. FATHER'S NAME	Garrett Co., Md. U	12 de d
	John Butler	Sally Patton	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
0	(Yas, no, or unk.) (If Yes, give wer or detes of service)	Mrs. Earl Burow, Grantsv:	ilke. R.D.
	1 none	TIFICATION	INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	ONSET AND DEATH
	1 MMEDIATE CAUSE (A) Coverious	Curulyzes	Fred Jumphute
- 1	ANTECEDENT CAUSE(S) DUE TO	* X	7
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	at Demin	
- 1	(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	anema	-
	19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
0			YES NO NO
	216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc., If FITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or town) (County,	(State)
	21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e, INJURY OCCURRED While Not while	216. HOW DID INJURY OCCUR?	
	M.   sl work		
	22. I hereby certify that I attended the deceased from.	, 1952, to Della 29, 1955, that I la	ast saw the deceased
	alive on 221,26, 19.5.5, and that death occurred at.		above.
SIGNATURE		ADDRESS (Street, city, town, state)	DATE SIGNED
55	Muly h Calondrelle M.O.	Relymbler Md Jay	N 4-56
A15C 1-55	23. BURIAL, CREMATION, PATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY LOCATION (City, town, or codniy)	Md (State)
	Burial 1/5/56 Grantsvill	e Grantsville, Gar	rett Co.
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		DORESS
	DATE au 4/56 LTh EX Booad water	Consula Mewman Grant	sville, Md.
	7	V	

PURCHASE OF STATE CERTIFICATE OF DEATH

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BUREAU V. S.

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#### CERTIFICATE OF DEATH

615

Reg. Dist. No.

		a USUAL BESIDEN	E (HOME) OF DECEA	ern
1. PLACE OF DEATH				BEU
COUNTY Garret	MARYLAND	STATE Maryla	and county All	Legany
CITY (If outside corporate limits, write RURA).	ENGTH OF STAY	CITY (il outside corpore	te limits, write RURAL and give	neerest town)
OR end give neered town land	ne Year	00	perland	
	THE TEAT			01-02-2
HOSPITAL OR Weeks Nursing H	one	ADDRESS 17.	Valley Stree	et v
3. NAME OF (First) (Midd	le)	(Last)	4. DATE (Month)	(Dey) (Year)
Gype or Printl Sarah E.	Co.	leman	DEATH Janu	uary 1 1956
5. SEX   6. COLOR OR   7. SINGLE, MARRIED,	B. DATE O	F BIRTH 9.		IDER 1 YEAR IF UNDER 24 HRS.
Female White Specify Sing	le Sept	19 1879	76 yrs. Month	hs Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND O		11. BIRTHPLACE (State or foreign		1 12. CITIZEN OF WHAT
done during most of working life, even if OR INDI	LSTRY. TO		7	COUNTRY?
retired House Work House	(OMII)	Cumberland,	Maryland	USA.
13, FATHER'S NAME	1	14. MOTHER'S MAIDEN N.	AME	
Henry Coleman		Sarah Bu	P37	
	CIAL SECURITY NO.	17. INFORMANT & AD	DRESS	
(Yes, me, or unk.) (If Yes, give war or detes of service)	None	Quinten G:	riffey, Elle	rslie .d
	18. MEDICAL CER	1 7		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	O. MEDICAL CER	*** 1		ONSET AND DEATH
79118 Jul	to un til	5 01 Wed (19.	0.	5 Jans
IMMEDIATE CAUSE (A)	area of the	a come in 7.		
ANTECEDENT CAUSE(S) DUE TO				,
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE				
STATING UNDERLYING CAUSE LAST. DUE TO				
(C)				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.				
198. DATE OF OPERATION   196. MAJOR FINDINGS OF C	PERATION			20. AUTOPSY?
0				YES NO
216. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, fer OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER)		ic. WHERE DID INJURY OCCUR	(City or town) (C	County) (State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e, INJU		III. HOW DID INJURY OCCUR		
M. et work	Not while et work			
	7.3	.=/ 0	/	
22. I hereby certify that I attended the deceased	from 724	19 - 10 / text		at I last saw the deceased
alive on Tart 1 , 19 56 , and that	death occurred at	6 12 M. from the ca	uses and on the date s	tated above.
			ESS (Street, city, town, state)	
SIGNATURE A DOWN		11.611-	117.1	92. 2 1801
	M.D.	COEMATORY au	LOCATION (City, town, or co	univ) (Stele)
REMOVAL (SPECIFY)				
REMOVAL (SPECIFY) Burial Jan 4 1956	Rose Hill	Cemetery	Cumberland	i, Md.
(24) REC'D BY REGISTPAR   VEGISTRAR'S SIGNATURE	20	1 25. FUNERAL DIRECTOR'S S	GNATURE	ADDRESS
Jan 7/5- helia CITIM	son 1/4	INTUTUT!	Cumberlar	od. Md.
DATE	1	11 11/11/11	My Campor Toll	200 9 12100 0

#### GERTIFICATE OF DEATH

BUREAU V.S. 6 NAL

00605 Reg. Dist.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		THE OF THE PARTY		
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEAT	H No. 162

t sec	MARYLAND STATE DEPARTMENT OF	· · · · · · · · · · · · · · · · · ·
correct		TIFICATE OF DEATH No. 1.62
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
E V	county Garrett MARYLAND	stateMorgland county Garrett
ully. legil	CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rurel Greatsville Life	OR OR Rural Grantsville
ref nd	HOSPITAL OR	STREET (If rural, give location)
Supply every item of information carefully. The write the causes of death clearly and legibly.	INSTITUTION OR STREET ADDRESS	ADDRESS
lear	3. NAME OF (First) (Middle) DECEASED: (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH DEATH 12/1 1956
orn h c	1000 00 000000	E OF BIRTH:   9. AGE last birthday:   IF UNDER 1 YEAR   IF UNDER 24 HRS.
infleat	5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, (Specify): 1) avoid Feb.	20 19.13 52 yrs. Months Days Hours Min.
P d	10s. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) 100d sman cut posts	R   11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT COUNTRY?
ls d	even if retired): loodsman cut posts	Garrett Do., Md. U.S.A.
y it	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
er er	Eli Durst	Catherine Bittinger
the	15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: (Yes, no, or unk.) (If Yes, give war or dates of	
ite j	service) P.13-18-2581	Calvin Durst, Grantsville, RD., Md.
Suj		AL CERTIFICATION INTERVAL BETWEEN
Se K	I. DISEASES OR CONDITIONS DIRECTLY DEADING TO DEATH:	CD GUNSITOT WOUNDS ONSET AND DEATH
JINK.	Immediate cause (a)	ED GUNSITOT WOUNDS ONSET AND DEATH
స్ట్ !	Antecedent cause(s)	(KN)) - (3(-)
Sus	Diseases or conditions, if any, (b)	
'AI	giving rise to the above cause DUE TO stating underlying cause last	
UNFADING Physicians:	IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH	a communication and a second s
WIT	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes [] No []
LY, WITH important.	21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, price bldg., etc CAUSE OF DEATH.	"Ner Drill Ville Lavet m
WRITE PLAINLY ige is especially in	2Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY   14 - 15   M.   Work   at work	211, HOW DID INJURY OCCUR?
PL		bed above, held an Autopsy [], Inspection [], Inquiry [], and
មិន្ន		dent [], Suicide [], Homicide [], Undetermined cause [].
/RIT	SIGNATURE & Sum gas then	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.
age	23. BURIAL, CREMATION, DATE THEHEOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county)   Cistate)
H		, , , , , , , , , , , , , , , , , , , ,
02	REMOVAL (Specify):	
PLEASE	DATE RECO BY LOCAL REGISTRAR'S CONATURE	Run   Grantsville, Garrettio.  21. FUNERAL DIRECTOR ADDRESS  ACTUAL   Luman Grantsvil e.d.

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

BUREAU V. S.

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executed within 24 hours after death.

# INSTRUCTIONS

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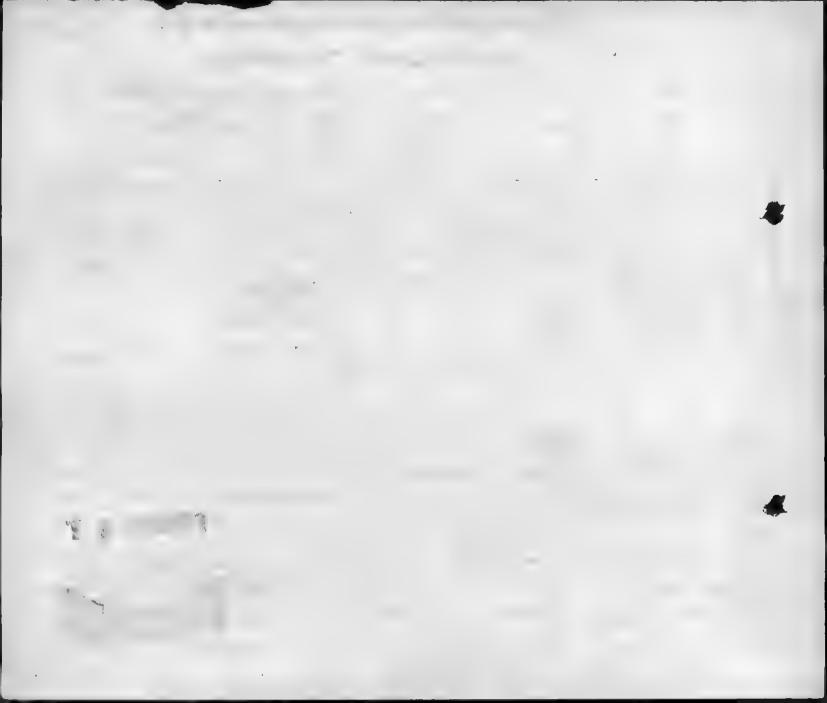
#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

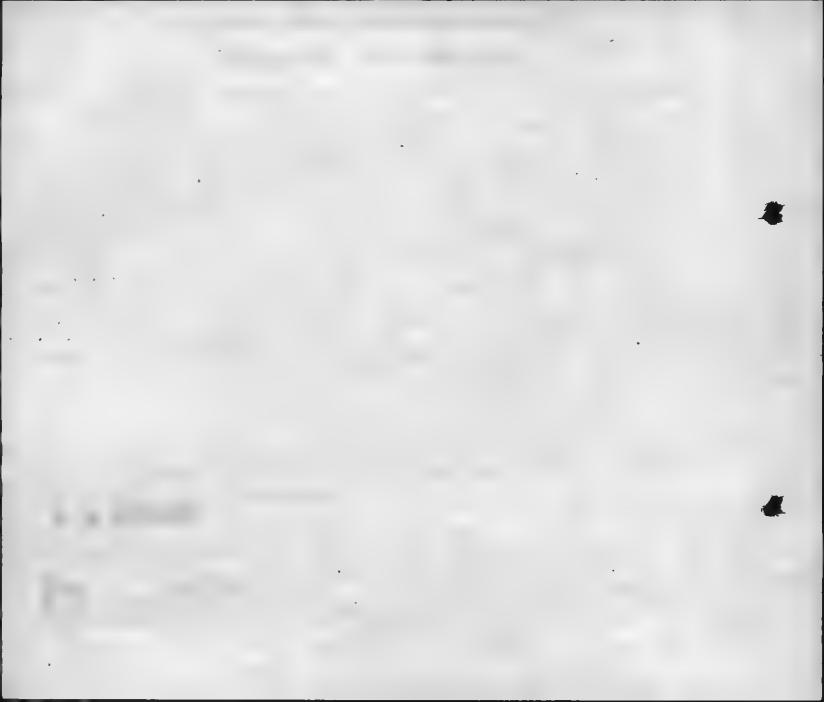
CERTIFICATE OF DEATH

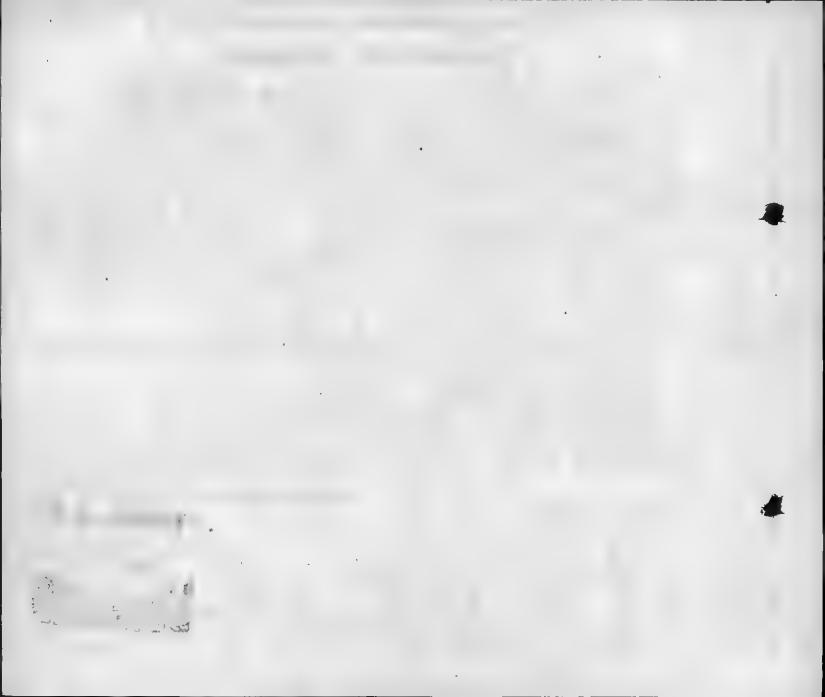
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HEHAL BESIDENCE (HOME) OF DECEASED

A CENTER OF SERVICE				- CLASIS
county Garrett	MARYLAND	STATE APV	and county	Garret.t.
CITY (If outside corporate fimits, write RURAL OR and give neerest town)	LENGTH OF STAY (in this plece)		orate limits, write RURAL	and give nasrest fown)
K TOWN Bloomington	1 00	900101	Loomingto	22
HOSPITAL OR	160 years	STREET	(If rural g	ive location)
INSTITUTION OR		ADDRESS		
3. NAME OF (first)	(Middle)	(Losi)	4. DATE (Mo	enth) (Day) (Yaar)
DECEASED	7-1		OF	7
(Type or Print) Floyd		tenbaker	DEATH	Jan 15 19 56
5. SEX 6. COLOR OR 7. SINGLE, MAI RACE WIDOWED, I	DIVORCED.	F BIRTH	9. AGE lest birthdey	Months   Days   Hours   Min.
-ale White Specifylm	ried 9 De	c 1892	63 уп.	Months Days Hours Min.
10a, USUAL OCCUPATION (Giva kind of work 10b. 1	KIND OF BUSINESS	11. BIRTHPLACE (Stala or fore	ign country)	12. CITIZEN OF WHAT
	Coal Hine	Shaw, West	Tri marina	COUNTRY?
13. FATHER'S NAME	CONT TITLE	14, MÖTHER'S MAIDEN		1 05
Cooper Forenhalson		Carrie Wi	***	
George Fazenbaker 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT &		* 1
(Yes no or unk ) (If Yes alve war or dates of service)			_ DTO	omington, i.d.
1,0 2	236 <u>-03-2588</u>	Mrs. Flo	vd Fazenb	aker.
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT.	18. MEDICAL CER	TIFICATION		ONSET AND DEATH
CAR I DUENIES COME	mill ocom	idia		520
, IMMEDIATE CAUSE (A)	7 - 10			
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, (B)	1 miner	asthr		10 300-
GIVING RISE TO THE ABOVE CAUSE	()	7 7 7 7 7		7
STATING UNDERLYING CAUSE LAST, DUE TO				
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a, DATE OF OPERATION 19b. MAJOR FINDING	S OF OPERATION			20. AUTOPSY?
				YES NO
	ome, farm, factory, 2 t, office bldg., etc.)	116. WHERE DID INJURY OCCU	R? (City or town)	(County) (Stata)
		21f. HOW DID INJURY OCCU	R?	
	/hila Not while at work			
22. I hereby certify that I attended the dec	eased from / 9 4	5 19 to 47	V/ 5 19.5	othat I last saw the deceased
alive on 2020 / 5 195 (a, ar				
SIGNATURE	iid iilet dealii occorred al.		RESS (Street, city, lov	
( B B CLAN	M.D.	His Day		711.10
23. BURIAL, CREMATION,   DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, tox	vn, or county) (State)
REMOVAL (SPECIFY)	C D7	0 .	07 /10	1 767
Buria 18 Van 56 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU	b I Blooming Lo	n Cemetery	I Blooming	TOD ADDRESS
1-17-5-6	Koff.	(01/1/2	-1/	
DATE / Porsey	1 accessor	V1 191	The vie	sternportd.









### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 ()() 61()

## 621 CERTIFICATE OF DEATH

Reg. Dist. No.

_	1. PLACE OF DEATH 2. U	SUAL RESIDENCE (HOME) OF DECEASED
	COUNTY Dar Command ST	ATE MARYLAND COUNTY Allegany
-1		TY (If outside comporate limits, write RURAL end give neerest () wn)
1	OR end give marest town) (in this place)	OWN Cumberland.
- 1		REET (If rure) give location)
1	STREET ADDRESS THE WALL MURLING HOME	DDRESS
- 1	3. NAME OF (First) (Middle) (Last)	4. DATE (Month) (Day) (Year)
1	(Type or Print) GEORGE Edward HA	INES DEATH Jon 3 10 56
- 1	5. SEX F 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH	9. AGE lest birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.
-	NAME / WIDOWED, DIVORCED,	1875 80 Vrs. Months Days Hours Min.
-1	10a, USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS   11. BIRTI	IPLACE (State or foreign country) 12. CITIZEN OF WHAT
-1	done during most of working life, even if OR INDUSTRY	COUNTRY?
.	retired) LABORER FARMS + K. K. Cree.	V DRING / Alley, W.VA U.S. A
-1	13. FATHER'S NAME 14.	MOTHER'S MAIDEN NAME
ı		ARAH C. Smith
-1		7. INFORMANT & ADDRESS D+ 5- Voot & No.
	(Yes, no, or unk.) (If Yes, give wer or detes of service)	
^	No	). Mc Gill, Cumber In Nd. Md.
	18, MEDICAL CERTIFICA	TION INTERVAL BETWEEN
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO PEATH	ONSET AND DEATH -
	1 CARAGE	Occurren 1/X 1/22;
- 1	IMMEDIATE CAUSE (A)	
ı	ANTECEDENT CAUSE(S) DUE TO	
_	DISEASES OR CONDITIONS, IF ANY, (B)	~ '
ı	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	
_	ICI //	
	EF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH.	
Ì	190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES NO L
	21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.)  ### OF INJURY street, office bidg., etc.)	E DID RUURY OCCUR? (City or town) (County) (Slete)
-1		DID INJURY OCCUR?
-1	While Not while	
-1	M.   et work     et work	
-1	22. I hereby certify that I attended the deceased from	fo, to 1 3, 19 Co that I last saw the deceased
-1	afive on 1 - 19 Co., and that death occurred at 2	M, from the causes and on the date stated above.
٦	SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNED
≨	SIGNATORE 1	
1 ۾	TICLUA J LL TIMO.	January 110/1/0/1/0/1/0/1/0/1/0/1/0/1/0/1/0/1/0
Ϋ́	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATO	RY LOCATION (City, Ibwn, or county) (Stete)
۲ <u>ا</u>	REMOVAL (SPECIFY)	11 11 12 11 11 11
ζ]	BURIAL NAN. 6, 1956 Forest Gled Me	the Lam. Elsendpa, No. W. VA
2	24. REC'D BY REGISTRAR ( REGISTRAR'S SIGNATURE ) 25. FU	INERAL DIRECTOR'S SIGNATURE / S ADDRESS
1	Jan 5/5/ July ( Nowan LATT	IN J. Hate Cumberland, md
	DATE / 9 & FREEZE CONTROL OF JOIN	IN J. HAFER Cumberland, Md

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# The bottom copy may be re-TO ATTENDING PHYSICI

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00612

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#### CERTIFICATE OF DEATH

Reg. Dist. No. 16.2

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Garrett W MARYLAND	STATE Maryland COUNTY Garrett
CITY (if outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside Corporete limits, write RURAL and give nearest town)
OR and give neerest town) Y TOWN RFD 2. Frostburg. 6 Yrs.	OR TOWN RFD 2. Frostburg
HOSPITAL OR	STREET (If rure) give location)
INSTITUTION OR STREET ADDRESS	ADDRE5S
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Year)
DECEASED	OF
	eston DEATH Jan. 5th, 10 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE OF WIDOWED, DIVORCED,	Mantha I Pour Maure f Min
Male   White   (Specify) Married Sept.	17th, 1898   57 yr.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if Carpenter Work	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Preston	Sarah Corfield
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yas, give wer or deles of service) 220-10-2120	- Mrs.Anna E.Preston, RFD 2, F'bg.Md.
18. MEDICAL CER	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ma of Stampal DUS
IMMEDIATE CAUSE (A)	na y stomaci 291-1
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B)  GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	· · ·
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	AE2 NO
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY streat, office bidg., atc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	le. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21a, INJURY OCCURRED 2	HI. HOW DID INJURY OCCUR?
M. et work at work	
22. I hereby certify that I attended the deceased from	19 25, to 1-5, that I last saw the deceased
	P. M, from the causes and on the date stated above.
SIGNATURE /	ADDRESS (Street, city, town, state) A DATE SIGNED
A.C. Olio lel M.D.	trast bengind, 16/16
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	
Burial 1 - 8 - 56 F'bg. Memor:	ial Park Frostburg, Md.
24. REC'D BY REGISTRAR , REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 1/6/56 Ethe 1/2 road water	Joseph R. Durst, Frostburg, Md.

6 NV.

.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

325

#### CERTIFICATE OF DEATH

00614

No. USUAL OCCUPATION (Give hind of work (Spacify)   10b. KIND OF BUSINESS   11. BIRTHEACE (Spacify)   12. CITIZEN OF WHAT COUNTRY?   13. FATHER'S MAJES   14. MOTHER'S MAJDEN NAME   12. CITIZEN OF WHAT COUNTRY?   15. WAS DECEASED EVER IN JI. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT & ADDRESS   18. MEDICAL CERTIFICATION   18. MEDICAL CERTIFICATIO		1. PLACE OF/DEATH	2. USUAL RESIDENCE/HOME) OF DECEASED	
OR and give powers developed to the control of the		COUNTY WARYLAND	STATE //LA COUNTY	
TOWN HOSPIAL OF HOSPIAL OF HOSPIAL OF HOSPIAL OF HOSPIAL OF HOSPIAL OF STREET ADDRESS HOSPIAL OF DEATH ADDRESS HOSPIAL OF HOSPIAL OF DEATH ADDRESS HOSPIAL OF HOSPIAL OF DEATH ADDRESS HOSPIAL HOSPIA				own)
HOSPITAL OR  INSTITUTION ON  STREET ADDRESS  ANDRESS  ANDRESS  ANDRE OF  DECEASED  (Pro or Print)  S. NAME OF  DECEASED  (Pro or Print)  S. SEX  C. COLOP GR. 7. SINGEL MARSED  (Pro or Print)  S. MEDICAL CISATON  (Pro or Print)  S. SEX  C. COLOP GR. 7. SINGEL MARSED  (Pro or Print)  S. SEX  C. COLOP GR. 7. SINGEL MARSED  (Pro or Print)  S. SEX  C. COLOP GR. 7. SINGEL MARSED  (Pro or Print)  S. MEDICAL CISATON  (Pro or Print)  S. MEDICAL CISATON  (P				
SIRET ADDRESS AND STREET ADDRESS		HOSPITAL OR		1
DEATH (Mode)  10. DATE (Month)  10. DATE (Month)  10. DATE (Month)  10. DEATH (Mode)  10. DEATH (Mode)		tracer amounts ( for . /   185	ADDRESS William Off I I Tomas	led.
DECRASED  (Type or Print)  5. SEX  6. COLOGICA  7. SINGLE, MARRED, WINDOWED, DIVORCED, (Spacify)  100. USUAL OCCUPATION (Give kind of work of the printing)  102. USUAL OCCUPATION (Give kind of work of the printing)  103. USUAL OCCUPATION (Give kind of work of the printing)  104. WINDOWED, DIVORCED, (Spacify)  105. WAS DECRASED PKY IN JL. S. NAME  11. BATHER'S INAME  12. CITIZEN OF WHAT COUNTRY?  13. HATHER'S INAME  14. MOTHER'S MAIDEN NAME  15. WAS DECRASED PKY IN JL. S. NAMED FORCES?  16. SOCIAL-SECURITY NO.  17. INFORMANT & ADDRESS  17. INFORMANT & ADDRESS  18. MEDICAL CERTIFICATION  19. DESCASES OR CONDITIONS DECELLY LEADING TO PCYTH  19. DESCASES OR CONDITIONS CONTRIBUTING ON THE ASOVE CAUSE AST DUE TO COUNTRY (B)  19. DESCASES OR CONDITIONS CONTRIBUTING OF THE ASOVE CAUSE AST DUE TO COUNTRY (B)  19. DESCASES OR CONDITIONS CONTRIBUTING ON THE ASOVE CAUSE AST DUE TO COUNTRY (B)  19. DESCASES OR CONDITIONS CONTRIBUTING OF THE ASOVE CAUSE AST DUE TO COUNTRY (B)  19. DESCASES OR CONDITIONS CONTRIBUTING OF THE ASOVE CAUSE AST DUE TO COUNTRY (B)  19. DESCASES OR CONDITIONS CONTRIBUTING OF THE ASOVE CAUSE AST DUE TO COUNTRY (B)  19. DESCASES OR CONDITIONS CONTRIBUTING OF THE ASOVE CAUSE AST DUE TO COUNTRY (B)  19. DESCASES OR CONDITIONS CONTRIBUTING OF THE ASOVE CAUSE AST DUE TO COUNTRY (Country) (S)  19. DESCASES OR CONDITIONS CONTRIBUTING OF THE ASOVE CAUSE AST DUE TO COUNTRY (C)  19. DATE OF CREATION (B)  20. AUTORY?  21. WHERE DID INJURY OCCUR?  22. WHERE DID INJURY OCCUR?  22. WHERE DID INJURY OCCUR?  23. BURAL CREMATION;  24. MAN D.  25. BURAL CREMATION;  26. DATE GENERAL CREMATION;  26. DATE GENERAL CREMATION;  27. AND THE MERCAL CREMATION;  28. BURAL CREMATION;  29. DATE GENERAL CREMATION;  21. DATE SELECT!  22. BURAL CREMATION;  23. BURAL CREMATION;  24. DATE SELECT!  24. DATE SELECT!  25. DATE CREMETION;  26. DATE OF THE ASOVE CAUSE AST DATE OF COUNTRY (C)  27. AND THE MERCAL CREMATION;  28. DATE CREMATION;  29. DATE SELECT!  20. DATE CREMATION;  20. DATE SELECT!  21. DATE OF THE ASOVE CAUSE AST DATE OF			(Lest) 4. DATE (Month) (De	(Year)
5. SEX 6. COLOGICA 7. SINGLE, MARRIED, WINDOWED DIVORED. (Spacify) DIV			OF .	1/2 21
10s. USUAL OCCUPATION (Give hid of work of work of the work)   10s. INDIO OF BUSINESS   11. BIRTHERACE (State of Toning Country)   12. CITIZEN OF WHAT COUNTRY?   13. FATHER'S NAME   12. CITIZEN OF WHAT COUNTRY?   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN J. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT & ADDXESS   16. SOCIAL SECURITY NO.   17. INFORMANT & ADDXESS   18. MEDICAL CERTIFICATION   1			F BIRTH 9. AGE last birthday   IF UNDER 1 YE	
done during past of working life, even if ratified)  13. FATHER'S NAME  13. WAS DECRASED EVER IN JL.S. MARMED FORCES?  15. WAS DECRASED EVER IN JL.S. MARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  (16 yes, no, runk.)  (17 yes, no, runk.)  (18 yes, glybe wer or deles of service)  1 DISEASES OR CONDITIONS DIRECTLY LEADING TO PEATH  IMMEDIATE CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, (8)  GIVING RISE TO THE ABOVE CAUSE DUE TO  STATING UNDERLYING CAUSE LAST, (10)  TO THE SIGNIFICANT CONDITIONS CONTRIBUTING  TO INIT AT OF OPERATION  19. DATE OF OPERATION  21b. MAJOR FINDINGS OF OPERATION  21c. WHERE DID INJURY OCCUR? (City or town)  (County)  (State)  22. I hereby certify that I attended the deceased from May all work all work all work and with the deletion occurred at all work.  22. BURAL CREMATION  19. DATE RIGHTS OF OPERATION  19. DATE RIGHTS OF OPERATION  22. SURAL CREMATION  23. SURAL CREMATION  24. DATE RIGHTS  AND COUNTY OF OPERATION  25. SURAL CREMATION  26. SURAL CREMATION  27. MAD OF CEMPERY OF REMATORY  19. DATE RIGHTS  19. DATE SIGNIVITY  19. DATE RIGHTS  19. D				ys Hours Min.
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN J. S. ARMED FORCES?  16. SOCIAL-SECURITY NO.  17. INFORMANT & ADDRESS  (Yes, no, or unit.)  18. MEDICAL CERTIFICATION  19. MAIDENAME CAUSE (A)  ANTECEDENT CAUSE(S)  DUE TO  STATING UNDERLYING CAUSE LAST,  OR CONTRIBUTING  10 TO THE DATH BUT NOT RELATED TO THE  DISTASS OR CONDITIONS CONTRIBUTING  10 THE DATH BUT NOT RELATED TO THE  DISTASS OR CONDITION CAUSING DEATH.  196. DATE OF OPERATION  196. DATE OF OPERATION  197. MAJOR FINDINGS OF PERATION  20. AUTOPSY?  YES NO [2]  21d. TIME OF INJURY (Month) [Day) (Year) (Hour)  M. all work and while  all work and while  11. MOTHER'S MAIDEN NAME  12. WHERE DID INJURY OCCUR?  (City or town) (County) (State)  While  ADDRESS (Sirals Yhy, lown, state) DATE SIGNAL  22. BURIAL CREMATIONY (MAD)  DATE SIGNAL CREMATIONY (MAD)  DATE SIGNAL OF CAUSE (Sirals Yhy, lown, state) DATE SIGNAL  ADDRESS (Sirals Yhy, lown, state) DATE SIGNAL  23. BURIAL CREMATIONY (MAD)  DATE SIGNAL OF CAUSEN, state of CALLED NAME OF CEMEDERS (Sirals Yhy, lown, state) DATE SIGNAL  23. BURIAL CREMATIONY (MAD)  DATE SIGNAL OF CEMEDERS (Sirals Yhy, lown, state) DATE SIGNAL  ADDRESS (Sirals Yhy, lown, state) DATE SIGNAL  24. BURIAL CREMATIONY (MAD)  DATE SIGNAL OF CEMEDERS (Sirals Yhy, lown, state) DATE SIGNAL  25. BURIAL CREMATIONY (MAD)  DATE SIGNAL OF CEMEDERS (Sirals Yhy, lown, state) DATE SIGNAL  ADDRESS (Sirals Yhy, lown, state) DATE SIGNAL  25. BURIAL CREMATIONY (MAD)  DATE SIGNAL OF CEMEDERS (Sirals Yhy, lown, state) DATE SIGNAL  ADDRESS (Sirals Yhy, lown, state) DATE SIGNAL  26. BURIAL CREMATIONY (MAD)  DATE SIGNAL OF CEMEDERS (Sirals Yhy, lown, state) DATE SIGNAL  ADDRESS (Sirals Yhy, lown, state) DATE SIGNAL				
13. WAS DECEASED EVER IN U. S. AKMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  17. INFORMANT & ADDRESS  18. MEDICAL CERTIFICATION  INTERVAL BETWEEN ONSET AND, DEATH  ANTECEDENT CAUSE(S)  DUE TO  STATING UNDERLYING CAUSE LAST.  DUE TO  STATING UNDERLYING CAUSE LAST.  CC)  18. OF INFORMANT & ADDRESS  19. DATE OF OPERATION  19. DATE OF OPERATION  19. DATE OF OPERATION  20. AUTOPSY?  YES NO  21. WHERE DID INJURY OCCUR? (City or town)  (State)  21. THERE DID INJURY OCCUR?  (City or town)  (State)  22. I hereby certify that I attended the deceased from Management of the part	7	ratired) Tailman	Westernhort - mel	2/3/4
13. WAS DECASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT & ADDRESS  18. MEDICAL CERTIFICATION  19. INTERVAL SETWERN ONSET AND, DEATH ONS		13. FATHER'S NAME		1
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING OR CONTRIBUTING CAUSE LAST.  OF INJURY street, office bidg., efc.)  19. DATE OF INJURY (Month) DOES INJURY (		anthorn Schwarzer	Theresa Tishus	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO  (C)  IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  196. DATE OF OPERATION  20. AUTOPSY? YES NO [2]  216. ACCIDENT WAS UNDERLYING [2] O'R CONTRIBUTING [2] CAUSE OF DEATH OF INJURY drast, office bidge, etc.)  216. TIME OF INJURY (Month) (Day) (Year) (Hour)  M. BILLING OF INJURY (Month) (Day) (Year) (Hour)  22. I hereby certify that I attended the deceased from M. G. M. Billing Not while at work  22. I hereby certify that I attended the deceased from M. G. M. Billing OF COURTED  While Not while at work  23. BURIAL CREMATION/ REMOVAL (SPECIFY)  DATE REPROF  NAME OF CEMETERY OF REMATORY  LOCATION (City, yown, or county) (State)  NAME OF CEMETERY OF REMATORY  REMOVAL (SPECIFY)  NAME OF CEMETERY OF REMATORY  LOCATION (City, yown, or county)  (State)  NAME OF CEMETERY OF REMATORY  LOCATION (City, yown, or county)  (State)			17. INFORMANT & ADDRESS	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO PEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING UNDERLYING CAUSE LAST DISEASES OR CONDITIONS CONTRIBUTING TO THE DISTANCE CANDED TO THE DISTANCE CONTRIBUTING TO THE DISTANCE OF DEATH OR CONTRIBUTING CAUSE SO PEATH OF INJURY street, office bldg., etc.)  OF INJURY street, office bldg., etc.)  OF INJURY Street, office bldg., etc.)  OF INJURY COCURRED While Not while at work  at work  at work  The County  OF INJURY COCURRED While Not while at work  AND CONTRIBUTION  ADDRESS (Street Str.), lown, stele)  DATE SIGN  AND  DATE SIGN  AND  DATE SIGN  AND  OCTOR ONSE AND COUNTY OCCUR?  NAME OF CEMETERY OR FREMATORY  LOCATION (City, jown, or county)  (Stele)  OATE SIGN  AND  OCTOR ONSE AND COUNTY OCCUR?  NAME OF CEMETERY OR FREMATORY  LOCATION (City, jown, or county)  (Stele)  OATE SIGN  AND  OCTOR ONSE AND COUNTY OCCUR?  NAME OF CEMETERY OR FREMATORY  LOCATION (City, jown, or county)  OATE SIGN  AND OCTOR ONSE AND COUNTY OCCUR?  OF INJURY STREET  OF INJU	-5			
ANTECEDENT CAUSE(S)  DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT COMPITIONS CONTRIBUTING IO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH  199. DATE OF OPERATION  199. DATE OF OPERATION  200. AUTOPSY? YES NO  210. ACCIDENT WAS UNDERLYING OF INJURY straet, office bidg., etc.)  210. TIME OF INJURY (Month) (Day) (Year) (Hour)  211. INJURY OCCUR?  While Not while Not while at work at work at work at work  212. I hereby certify that I attended the deceased from Not while at work  213. BURIAL, CREMATION  224. BURIAL, CREMATION  DATE SIGNIFICANT  ADDRESS (Straet, Tyt., town, stele)  DATE SIGNIFICANT  DATE SIGNIFICANT  DATE SIGNIFICANT  COUNTY)  (Stele)  ON CONTRIBUTING  ADDRESS (Straet, Tyt., town, stele)  DATE SIGNIFICANT  COUNTY)  (Stele)  ON COUNTY  ADDRESS (Straet, Tyt., town, stele)  DATE SIGNIFICANT  COUNTY)  (Stele)  ON COUNTY  COUNTY  (Stele)  ON COUNTY  ADDRESS (Straet, Tyt., town, stele)  DATE SIGNIFICANT  COUNTY  ON COUNTY  ADDRESS (Straet, Tyt., town, stele)  DATE SIGNIFICANT  COUNTY  (Stele)  ON COUNTY  COUNTY  (Stele)  ON COUNTY  ADDRESS (Straet, Tyt., town, stele)  DATE SIGNIFICANT  COUNTY  (Stele)  ON COUNTY  COUNTY  (County)  (Stele)  ON COUNTY  COUNTY  ADDRESS (Straet, Tyt., town, stele)  DATE SIGNIFICANT  COUNTY  COUNTY  COUNTY  (Stele)  ON COUNTY  COUNTY  (City or town)  (County)  (Stele)  ON COUNTY  COUNTY  (City or town)  (County)  (Stele)  ON COUNTY  (City or town)  (County)  (County)  (Stele)  ON COUNTY  (City or town)  (County)  (County)  (Stele)  ON COUNTY  (City or town)  (County)  (City or town)  (County)  (County)  (City or town)  (County)  (City or town)  (County)  (City or town)  (County)  (City or town)  (County)  (		18. MEDICAL CER	TIFICATION	INTERVAL BETWEEN
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST,  (C)  III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH (C)  IP9. DATE OF OPERATION  199. DATE OF OPERATION  200. AUTOPSY? YES NO  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  M. at work  22. I hereby certify that I attended the deceased from  M. at work  23. BURIAL, CREMATION)  DATE RIGHT  NAME OF CEMETERY OR REMATORY  NAME OF C		I DISEASES ON CONDITIONS DIRECTLY LEADING TO VESTIN	7/100	210
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21e. ACCIDENT WAS UNDERLYING OF INJURY street, office bldg., etc.) (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. Time OF INJURY (Month) (Day) (Year) (Hour) M. at work at work  22. I hereby certify that I attended the deceased from 19 M. D.  23. BURIAL CREMATION DATE REPROF  NAME OF CEMETERY OR PREMATORY  NAME OF CEMETERY OR PREMATORY  NAME OF CEMETERY OR PREMATORY  LOCATION (City of town) (State)  NAME OF CEMETERY OR PREMATORY  LOCATION (City of town) (State)  NAME OF CEMETERY OR PREMATORY  LOCATION (City of town) (State)  NAME OF CEMETERY OR PREMATORY  LOCATION (City of town) (State)  NAME OF CEMETERY OR PREMATORY  LOCATION (City of town) (State)  NAME OF CEMETERY OR PREMATORY  LOCATION (City of town) (State)  NAME OF CEMETERY OR PREMATORY  LOCATION (City of town) (State)		4 IMMEDIATE CAUSE (A) COLOTO	1 1000000000000000000000000000000000000	10.000
GIVING RISE TO THE ABOVE CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY?  YES NO Z  21e. ACCIDENT WAS UNDERLYING OF INJURY street, office bldg., etc.)  OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)  21d. Time OF INJURY (Month) (Day) (Year) (Hour) Visite at work  22. I hereby certify that I attended the deceased from 19 10 10 10 10 10 10 10 10 10 10 10 10 10		ATTICEDENT CHOOL(S)	7	
If other significant conditions contributing To the death but not related to the Disease or condition causing death.  19e. Date of operation 19e. Major Findings of Operation 21e. Accident was underlying   21b. Place (Home, farm, factory, OR Contributing   Cause of Death (If either, notify medical examiner) 21d. Time of Injury (Month) (Day) (Year) (Hour) 21e. Injury occurred at work   199. Not while at work   199. Not work		GIVING RISE TO THE ABOVE CAUSE	<b>N</b> 3	
IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  196. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 2  216. ACCIDENT WAS UNDERLYING 1 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)  21d. Time OF INJURY (Month) (Day) (Year) (Hour) 21d. Time OF INJURY (Month) (Day) (Year) (Hour) 21d. INJURY OCCURRED While work at work 19 10 10 10 10 10 10 10 10 10 10 10 10 10		STATING CAUSE EAST.		
DISEASE OR CONDITION CAUSING DEATH.  19e. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO Z  21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY straet, office bldg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. Time OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED Not while at work 10 at work 11 attended the deceased from 11 attended the deceased from 12 at work 12 at work 13 alive on 14 and that death occurred at 15 at work 15 and that death occurred at 16 at work 16 at work, stated above.  22. I hereby certify that I attended the deceased from 19 at work 19 and that death occurred at 16 at work 19 at wo		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
196. DATE OF OPERATION  196. MAJOR FINDINGS OF OPERATION  20. AUTOPSY? YES NO Z  216. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING)   CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. Time OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while at work   195, to				
21e. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory, OR CONTRIBUTING   CAUSE OF DEATH OF INJURY straet, office bldg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURED While at work   21f. HOW DID INJURY OCCUR?  While Not while at work   19				20. AUTOPSY?
OR CONTRIBUTING CAUSE OF DEATH OF INJURY straet, office bldg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While at work at work 19—, to 19—, to 19—, that I last saw the decease alive on 19—, and that death occurred at 19—, to 19—, to 19—, that I last saw the decease alive on 19—, and that death occurred at 19—, to 19—, to 19—, that I last saw the decease alive on 19—, and that death occurred at 19—, to 19—, to 19—, to 19—, that I last saw the decease alive on 19—, and that death occurred at 19—, to 19—, to 19—, that I last saw the decease alive on 19—, and that death occurred at 19—, to 19—, to 19—, to 19—, that I last saw the decease alive on 19—, and that death occurred at 19—, to 19—, to 19—, to 19—, that I last saw the decease alive on 19—, and that death occurred at 19—, to 19—, to 19—, to 19—, to 19—, that I last saw the decease alive on 19—, to		none		
22. I hereby certify that I attended the deceased from 1950, to 1950, that I last saw the deceased alive on 1950, and that death occurred at 3. July, from the causes and on the date stated above.  SIGNATURE  23. BURIAL CREMATION:  DATE SIGNI  ADDRESS (Streat, vity, town, state)  DATE SIGNI  REMOVAL (SPECIFY)  REMOVAL (SPECIFY)  REMOVAL (SPECIFY)  AND  Control of the date stated above.  SIGNATURE  DATE SIGNI  (State)  (State)		OR CONTRIBUTING [] CAUSE OF DEATH   OF INJURY street, office bldg., etc.)	Ic. WHERE DID INJURY OCCUR? (City or fown) (County)	(State)
22. I hereby certify that I attended the deceased from N. G. 1955, to 1956, that I last saw the decease alive on 1956, and that death occurred at 1956, from the causes and on the date stated above.  SIGNATURE  23. BURIAL CREMATION:  REMOVAL (SPECIFY)  DATE SIGNI  LOCATION (City, 16wn, or couply)  (State)  STATE SIGNI  LOCATION (City, 16wn, or couply)  (State)  STATE SIGNI  LOCATION (City, 16wn, or couply)  M. D. C.			II. HOW DID INJURY OCCUR?	
alive on				
SIGNATURE  SIGNATURE  SIGNATURE  ADDRESS (Streat 4ty, lown, stole)  DATE SIGN  (Stole)  STREATION  REMOVAL (SPECIFY)		22. I hereby certify that I attended the deceased from N. G.V.	1955, to 1956, that I last	saw the deceased
SIGNATURE  SIGNATURE  SIGNATURE  ADDRESS (Streat 4ty, lown, stole)  DATE SIGN  (Stole)  STREATION  REMOVAL (SPECIFY)		alive on 1 - 2 19 5 0 and that death occurred at.	My from the causes and on the date stated a	bove.
23. BURIAL, CREMATION!  DATE HEREOF  NAME OF CEMETERY OR PREMATORY  LOCATION ICITY JOWN, or county)  (State)	No.	SIGNATURE	ADDRESS (Streat wity, lown, state)	DATE SIGNED
REMOVAL (SPECIFY) 16/56 CH Heten Com Westernsort, mid		Thomas & Luckin M.O.	Calcand Hed	1-2-56
	3		REMATORY LOCATION (City, fown, or couply)	(Stete)
	A15		1 M Cam / West Curren	1, mid
	5	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADD	RESS
DATE 14/56 frelia (1) owant 1 6 & Mr. Westernant Me		DATE 14/5 C frilla (1) awanty	12 / Mro - Westerson	out nux



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A15C 1-55 10M

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DATE

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00613

Recent de Rakland,

CERTIFICATI	OF DEATH
639	Reg. Dist. No.
1. PLACE OF DEATH	2. MEMAL RESIDENCE (HOME) OF CUCHARD
COUNTY Garrett MARYLAND	STATE Maryland COUNTY Garrett
CITY (it outside corporate Emits, write RURAL CITY of STAY OR and give magrest fown) TOWN RUT 2 Uakland, 25 Yrs.	CfTY (If outside corporate limits, write RURAL and give nearest town) OR
	TOWNRural Oakland,
Hospital or Home of Thomas Spencer INSTITUTION OR STREET ADDRESS 6 Mi. W. Oakland, Md.	STREET (IT rure) give location) ADDRESS 6 Mi. West Oakland,
3. NAME OF (First) (Middle) DECEASED (Type or Print) Ida Belle	Spencer DEATH Jan. 2, 19 56
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C WIDOWED DIVORCED July .	
10a. USUAL OCCUPATION (Giva kind of work done-during most of working life, avan if refired OUSE (VIIE) OWN HOME	11. BIRTHPLACE (State or foreign country)  West Virginia  12. CITIZEN OF WHAT U. SCOUNTRY?
Elza W. Thomas	Ella Nutter
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yes propor unk.) (II Yes, give wer or dates of service)	Thomas Spencer Oakland, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
for Jos IMMEDIATE CAUSE (A) The Economical	Texturetion OF mins
ANTECEDENT CAUSE(S) DUE TO	Lexation 16 mins
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata)
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED While Not while at work	21f. HOW DID INJURY OCCUR?
22. 1 hareby certify that I attended the deceased from 930.	19.55, to 10.10., 19.53, that I last saw the deceased
alive on 19 3 and that death occurred at	ADDRESS (Street, city, town, stete) DATE SIGNED
1. Jenster - M.D.	Oxel-1 2-1 /-2.56
23. BURIAL CREMATION, PART THEREOF RAME OF CEMETERY OR BURIAL (SPECIFY)  /Burial   1/5/1956   Fairview	CREMATORY LOCATION (City, lown, or county) (State)  Cemetery Tucker Co., W. Va.
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED PRESTON GA PRETT COUNTY MARYLAND STATE COLINTY (It outside corporate limits, write RURAL LENGTH OF STAY (It outside corporate limits, write RURAL and give neerest town) OR end give neerest lown) (In this place) OR TOWN TOWN CAKLA.ID TERRA ALTA. Hrs HOSPITAL OR STREET (if rurel give location) INSTITUTION OR **ADDRESS** GARRETT COUNTY NEMORTAL HOSPITAL STREET ADDRESS RURAL ROUTE # 1 (Middle) NAME OF (First) (Last) 4. DATE (Month) (Dey) (Yeer) DECEASED OF DEATH (Type or Print) NITA MIRTEL STAHL 8 56 19 COLOR OR IF UNDER 24 HRS S. SEX SINGLE, MARRIED. B. DATE OF BIRTH AGE lest birthdey IF UNDER 1 YEAR RACE WIDOWED, DIVORCED, Months Days Hours (Specify) FEMALE yrs. 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT done during most of working life, even if OR INDUSTRY COUNTRY? relired) HOUSE IFF WEST VIRGINIA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME BURTIE FLOYD SANDERS ALTETHA FITCHETT 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unk.) (If Yes, give wer or detes of service) TEE STAHT ROTTE INTERVAL BETWEEN 18. MEDICAL CERTIFICATION ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH'S IMMEDIATE CAUSE (A) DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. II OTHER SIGNEICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 20. AUTOPSY 19b. MAJOR FINDINGS OF OPERATION NO YES | 21. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 21c. WHERE DID INJURY OCCUR? (City or Iown) (County) (Stete) 21b. PLACE (Home, ferm, factory, OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? 21d. TIME OF INJURY (Month) (Dev) (Hour) (Yeer) While Not white al work el work 1949 to Jan 8 1956 that I lest saw the deceased 22. I hereby certify that I attended the deceased from June... 19/4 ............. and that death occurred at 1.200...PM, from the causes and on the date stated above. alive on..... ADDRESS (Street, city, town, state) SIGNATURE DATE SIGNED MED M D NAME OF CEMETERY OR CREMATOR LOCATION (City, town, or county) BURIAL, CREMARON, DATE THEREO (Stete) REMOVAL (SPECIFY) ADDRESS 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE



COUNTY MORENEELLA (if outside corporate limits, write RURAL and give nearest town) (Day) (Year) IF UNDER 1 YEAR IF UNDER 24 HRS Hours Days CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES [ NO Z (County) (State) 19.55, to Jan 24, 1956, that I last saw the deceased certificate alive on Lan 23 a...., and that death occurred at & 420 M, from the causes and on the date stated above. has FUNERAL 10M SIGNATURE ADDRESS (Street, city, town, stata) DATE BIGNED certificate eath LOCATION (City, town, or county) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY A15C REMOYAL (SPECIFY) ŏ 24. REGISTRAR'S SIGNATURE NERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR **ADDRESS** 



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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

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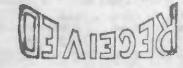
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY GARRETT MARYLAND	STATE MID COUNTY ( AIRRETT.
CITY (If outside corporate timits, write RURAL OR and give nearest town) TOWN  LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and giva nearest town) OR
CARLAND	TOWN OAKLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rurel give location) ADDRESS
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yaar)
(Type or Print) ADELIA TOWERS	WEST DEATH JAN 10 1956
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF RACE WIDOWED, DIVORCED,	BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
FEMALE WHITE (Specify) WIDOWED JAN	- 9-1862 94 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, evan if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
refired) HOUSE WIFE	CAKLAND MD US.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM TOWERS.	REBECCE TOTTEN.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  [Yas, no, or unk,] (If Yes, give wer or datas of service)	17. INFORMANT & ADDRESS
(185, NO, OF UNK.) (IT 165, GIVE WAY OF CARAS OF SETVICE)	ELIZABETH WEST CAKLAND MID
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
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ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST, DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21e. ACCIDENT WAS UNDERLYING ☐ COR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY streat, office bldg., etc.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)	ic. WHERE DID INJURY OCCUR? (City or fown) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yaar) (Hour) 21a, INJURY OCCURRED 2 Willie Not while 1 M, at work 1	PIF. HOW DID INJURY OCCUR?
D. n	in the water with the same
alive on This is a second at the death occurred at	ADDRESS (Street, city, town, state) DATE SIGNED
Et. Saum for her M.D.	ADDRESS (Singer, city, town, slete) DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
BURIAL JAN-13-MIL CAKLAND	CEMETERY CAKLAND MO
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 1 2/56 Hulia (1 Korvan Kr	Emrey Bollen CAKLAND MO

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

00618

1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY GARRETT GARRETT COLINTY MARYLAND LENGTH OF STAY (If outside corporata limits, write RURAL and give nearest town) Ilf outsida corporata limits, write RURAL KITZMILER 36 Trs TOWN KTTZMILLER TOWN HOSPITAL OR STREET (If rural give location) INSTITUTION OR STREET ADDRESS SPRING ADDRESS SPRING STREET STREET (Dey) 3. NAME OF (First) (Middle) (Lest) DATE (Month) (Year) DECEASED 12, 1956 SARAH YENCENSK DEATH JAN. (Type or Print) 8. DATE OF BIRTH COLOR OR SINGLE, MARRIED 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS WIDDWED DIVORCED 15.1886 AUG. Months Days Hours FEMALE 10e, USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) KIND OF BUSINESS 12. CITIZEN OF WHAT done during most of working life, avan if OWIN HOME LITHUANIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DZONSKY UNKNOWN CARL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (If Yes, give war or dates of service) MRS. MARY POVISH, KITZMILLER, Md. NONE burial INTERVAL BETWEEN 18. MEDICAL CERTIFICATION ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 20. AUTOPSY? 19b. MAJOR FINDINGS OF OPERATION YES NO 21c. WHERE DID INJURY OCCUR? (City or town) 21a. ACCIDENT WAS UNDERLYING [7] 21b, PLACE (Homa, farm, fectory, (County) (State) OR CONTRIBUTING [] CAUSE OF DEATH OF INJURY streat, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) death certificate assembly 21d. TIME OF INJURY (Month) (Day) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? (Yaer) (Hour) While Not while et work DELVI certify that I attended the deceased from and that death occurred a 45 AM, from the causes and on the date stated above SIGNATURE ADDRESS (Street, city/stown, stele) 10M A15C 1-55 DATE THEREOF NAME OF CEMETERY OR CREMATOR LOCATION (City, town, or egunty) BURIAL, CREMATION, REMOVAL (SPI CIFY) Lan. 16/56 Kalbaugh Cemetery Garden. .Va. 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Blaine.

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